

Housing Assistance and Development Services, Inc.  
A Nonprofit Housing Corporation  
PO Box 9637  
Bowling Green, KY 42102-9637  
Phone: (270)796-4176 – Fax: (270)796-8203 – TDD: (800) 648-6056  
(877) 796-4176 Toll Free  
Email: [hands@handsinc.net](mailto:hands@handsinc.net) – Website: [handsinc.net](http://handsinc.net)  
Deborah Williams, Chief Executive Officer



Please fill out the following forms and return them, so that we can schedule an appointment.

#### Forms

- Tell Me About Yourself
- Monthly Expenses vs Income
- Client Authorization Form
- Counseling Agreement
- Counseling Disclosure
- Privacy Policy

All clients will need to submit a detailed current copy of your credit report. Here are some websites where you can obtain a free credit report online: [creditkarma.com](http://creditkarma.com), [annualcreditreport.com](http://annualcreditreport.com), [experian.com](http://experian.com), [equifax.com](http://equifax.com), [transunion.com](http://transunion.com) or other free credit report websites.

To submit information by one of the following:

- Scan/emailing [help@handsinc.net](mailto:help@handsinc.net)
- Fax to 270-796-8203
- Mail to:  
HANDS  
PO Box 9637  
Bowling Green, KY 42102

Application will not be processed until all forms are completely filled out and we have received a current copy of your credit report.

If you have any questions, please feel free to contact us.

Sincerely,

HANDS

## Tell Us About Yourself

Information will not be shared with any third party (e.g. credit agency or lender) without your explicit signed authorization.

Date: \_\_\_\_\_

### Client 1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Preference:  Call  Text  Email

Social Security #: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender:  Female  Male

Marital Status:  Married  Single  Separated  Divorced  Widow

Disabled:  Yes  No Military Status:  Active Duty  Veteran  Reserve

Race:  White  Black/African American  American Indian/Alaska Native  
 Native Hawaiian or Other Pacific Islander  Asian  
 More than one race  Choose not to respond

Ethnicity:  Hispanic  Non-Hispanic  Unknown

Citizenship:  US Citizen  Permanent Resident  Non-Resident

Highest Education Level:  High School Diploma  GED  Other \_\_\_\_\_

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### ADDRESS:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Own  Rent  Other \_\_\_\_\_

### My Household type is ...

Single Adult  Spouse/Partner  Living with non-spousal family member (parents, siblings, etc.)  
 Single female-headed household with dependents  Single Male-headed household with dependents  
 Other \_\_\_\_\_

Family Household Size \_\_\_\_\_ Number of Dependents \_\_\_\_\_

### List Household Members: Do not include yourself

Name	Birthdate	Gender	Relation

Languages Spoken:  English  Spanish  Arabic  French  German  Italian  Mandarin  Other \_\_\_\_\_

**ASSETS: (Checking account, saving account, stocks & etc.)**

No Assets

**Asset 1**

Type of Asset:  Checking  Saving  Other \_\_\_\_\_

Institution Name: \_\_\_\_\_

Asset Value \$ \_\_\_\_\_ Available Funds \$ \_\_\_\_\_

**Asset 2**

Type of Asset:  Checking  Saving  Other \_\_\_\_\_

Institution Name: \_\_\_\_\_

Asset Value \$ \_\_\_\_\_ Available Funds \$ \_\_\_\_\_

**Asset 3**

Type of Asset:  Checking  Saving  Other \_\_\_\_\_

Institution Name: \_\_\_\_\_

Asset Value \$ \_\_\_\_\_ Available Funds \$ \_\_\_\_\_

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**EMPLOYMENT:**

Self Employed Self Employed Income \$ \_\_\_\_\_ monthly

Client 1  Client 2

Employer Name \_\_\_\_\_ Start Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Position/Title \_\_\_\_\_

Monthly Income \$ \_\_\_\_\_ Hours worked a week \_\_\_\_\_

Client 1  Client 2

Employer Name \_\_\_\_\_ Start Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Position/Title \_\_\_\_\_

Monthly Income \$ \_\_\_\_\_ Hours worked a week \_\_\_\_\_

(if you need more space use the back of this sheet)

**OTHER INCOME: (SSI, Disability, Child Support, K-Tap, and etc.)**

**School** Financial Aid \$\_\_\_\_\_ (if any money is left over and uses for everyday expenses)

SSI \$\_\_\_\_\_ a month

Disability \$\_\_\_\_\_ a month

K-Tap \$\_\_\_\_\_ a month

Food Stamps \$\_\_\_\_\_ a month

Child Support \$\_\_\_\_\_ a month (only if you are receiving on a regular basis)

Family support \$\_\_\_\_\_  Weekly  Monthly

Other Sources \_\_\_\_\_ Amount \$\_\_\_\_\_  Weekly  Monthly

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Return to:

HANDS

Either by fax, email or mail

Fax # 270-796-8203

Email [hands@handsinc.net](mailto:hands@handsinc.net)

HANDS

PO Box 9637

Bowling Green, KY 42102



Housing Assistance and Development Services Inc.

HANDS

Expenses

Housing	Spent
Rent/Mortgage	
Gas	
Electricity	
Water/Sewer	
Trash	
Home phone	
Cell phone	
Total	

Name \_\_\_\_\_

Date \_\_\_\_\_

Client Signagture \_\_\_\_\_

Counselor Signature \_\_\_\_\_

Food	Spent
Groceries	
Eating Out	
School Lunches	
Other:	
Total	

Car/Transporation	Spent
Car payment - \$	
Gasoline	
Car repairs	
License Tags/Taxes	
Bus/Train Fees	
Other:	
Total	

Current Balance

Personal	Spent
Personal Items/Toiletries	
Barber/Beauty Shop	
Allowance for Children	
Child Care	
Diapers/Wipes	
Household Items	
Other:	
Total	

Insurance	Spent
Auto Insurance	
Life Insurance	
Renters/Homeowners	
Health Insurance	
Dental Insurance	
Other:	
Total	

Medical	Spent
Medication	
Doctor Visits	
Dentist	
Eye Doctor	
Medical Bills	
Total	

Clothing	Spent
Clothing	
Laundry Supplies	
Dry Cleaning	
Total	

Gifts & Donations	Spent
Birthday Gifts	
Christmas	
Other Gifts	
Church Donations	
Other Charities	
Total	

Entertainment	Spent
Movies	
Streaming	
Cable TV	
Internet Service	
Gym/Social Clubs	
Concerts	
Athletic Events	
Gambling/Lottery Tickets	
Vacations/Trips	
Other:	
Total	

Miscellaneous	Spent
Savings	
Pet Supplies/Care	
Postage	
Hobbies/Crafts	
Other:	
Total	

Debts	Spent
Student Loans	
Credit Card - \$	
Credit Card - \$	
Credit Card - \$	
Credit Card - \$	
Credit Card - \$	
Personal Loans	
Personal Loans	
Other:	
Total	
Monthly Totals	

Current Balance

Income	Received
Base Pay	
Child support	
Other: Food Stamps	
Other:	
Total	

Total Monthly Net Income	
Minus Total Monthly Expenses	
Grand Total	

# Housing Assistance and Development Services Inc.

## HANDS

### Counseling Agreement

THIS COUNSELING AGREEMENT ("Agreement") is entered by and between \_\_\_\_\_  
("Counselor") and \_\_\_\_\_ ("Client(s)").

#### RECITALS:

WHEREAS Counselor is an employee of a HUD approved counseling agency and a member of Kentucky Housing Corporation Homeownership Counseling Program, hereinafter referred to as ("Program") which has been created to provide services to individuals needing loss mitigation and default counseling and,

WHEREAS, Client desires to participate in a counseling program.

NOW, THEREFORE, in consideration of the mutual promises contained in this Agreement, Counselor and Client agree as follows:

#### SECTION I – CLIENT’S PROMISES

In order to address specific financial considerations which can affect the Client’s ability to seek solutions in maintaining a mortgage loan, Client recognizes the benefit of counseling services and pledges full cooperation with the Counselor and the requirements of the counseling sessions. Client understands that, as a part of the Program, Client will be required to supply certain specific information regarding employment, income, debts and other personal information to the Counselor. In recognition of the need to obtain and exchange information, Client authorizes Counselor to obtain information from outside sources as mutually agreed.

As a participant in the Program, Client agrees to comply with the Program guidelines. By entering into this Agreement, Client understands and acknowledges that failure to comply with the guidelines of the Program could result in termination from the Program, Client promises to make a good faith effort to meet the following:

1. Client will comply with the family budget created by Client and Counselor.
2. Client will report all sources of income to Counselor
3. Client will report any changes in his financial situation, including changes in employment, credit rating, bank accounts, debts and income.

#### SECTION II – COUNSELOR’S PROMISES

1. Counselor pledges to preserve strict confidentiality in regard to information supplied by Client or obtained from other sources regarding Client. The Counselor shall not disclose or distribute information regarding this Agreement, any non-public personal information on Client or any other material or information that is deemed confidential by HANDS to any other party without the express written consent by Client. However, Counselor may disclose or distribute such information if it is requested by law or judicial process, subsequent to Counselor promptly sending written notice of such legal request to Client.
2. Counselor pledges to act to the best of his/her ability to serve and protect the best interest of Client.
3. Counselor will not receive direct financial compensation in exchange for referral of Client to a particular lender.
4. Counselor understands and agrees that all client data stored in Home Counselor Online (HCO) is private and confidential. HANDS shall provide HUD access to the client’s information In HCO and shall not disclose any private client information to any unauthorized parties.

**SECTION III – MORTGAGE LOAN**

Client acknowledges and understands that Counselor is NOT an agent for any particular lender and has no authority to approve or deny a mortgage loan or resolution to any mortgage. Client acknowledges that participation in and/or the completion of counseling does not guarantee approval for a mortgage loan resolution or outcome.

**SECTION IV – COUNSELOR’S COMPENSATION**

Client understands that Counselor is a HUD approved counseling agency and is being compensated by HUD for conducting counseling sessions with Client. Counselor will periodically require Client to sign documentation confirming Client’s participation in counseling sessions and Client agrees to execute the required documentation certifying that counseling sessions have taken place.

Counselor WILL NOT receive any commission for resolution or disposition of a home mortgage, nor is the Client required to pay any additional fees to participate in the one-on-one counseling sessions with the program approved counselor, except for a Tri-merge Credit Report.

**SECTION V – CREDIT REPORT**

As part of the Program, Client may be asked to authorize Counselor to access Client’s credit report. Client understands that, although Counselor may discuss matters appearing on Client’s credit report, Counselor maybe prohibited from giving Client a copy of the credit report dependent upon Counselor’s legal relationship with the credit reporting agency.

The undersigned parties acknowledge their understanding of the terms of this Agreement. The parties have signed below effective this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

COUNSELOR:

CLEINT:

HANDS

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Client A Signature

\_\_\_\_\_  
Counselor Name

\_\_\_\_\_  
Client A Printed Name

HUD Approved Financial Counselor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Client B Signature

\_\_\_\_\_  
Client B Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, ST, Zip

\_\_\_\_\_  
Client’s Phone Number

**Housing Assistance and Development Services, Inc.  
HANDS**

**Counseling Disclosure**

**Services Offered:**

Our agency provides the following HUD one-on-one housing services:  
rental, pre-purchase/homebuying, financial management - budget/credit, post purchase,  
and resolving or preventing mortgage delinquency or default counseling.

Our agency also provides the following services and group education workshops:  
financial literacy, predatory lending, fair housing, rental, pre-purchase/homebuyer  
education, post purchase, and resolving or preventing delinquency.

**Relationship with Industry Partners:**

Our agency has financial or exclusive relationships or both, with specific industry partners,  
including HUD, USDA and Kentucky Housing Corporation.

**No Client Obligation:**

There is no obligation to receive, purchase or use any product or service offered by this agency  
or any services of its industry partners or other party in exchange for your receiving HUD  
housing counseling services.

**Alternatives:**

As a condition of our services, and in alignment with meeting our counseling goals, and in  
compliance with HUD's Housing Counseling Program requirements, we may provide  
information on alternative services, programs, and products available to you, if applicable and  
known by our staff.

I have read and received a copy of this disclosure.

Date: \_\_\_\_\_

Client \_\_\_\_\_

Client \_\_\_\_\_

# Housing Assistance and Development Services (HANDS)

## CLIENT AUTHORIZATION FORM

1. I understand that HANDS provides financial counseling, pre-purchase counseling and foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I authorize HANDS, its counselors, administrators, or assigns to discuss my mortgage and its relevant financial issues with parties relevant and necessary in reaching a conclusion and/or option to my present situation.
3. I acknowledge that I have received a copy of HANDS' Privacy Policy.

### FURTHER, I UNDERSTAND:

1. I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
2. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
3. I understand that HANDS provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from HANDS in no way obligates me to choose any of these particular loan products or housing programs.

Client A Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client B Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Privacy Policy

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NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

HANDS is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

### What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publicly available information, such as your Social Security Number or demographic data such as our race and ethnicity.
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts.

### What personal information does HANDS collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

### What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others, such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency, such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

### How is your personal information secured?

We restrict access to your nonpublic personal information to HANDS employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information, and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use,

### Opting Out of Certain Disclosures

You may direct HANDS to not disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit HANDS ability to provide services such as foreclosure prevention counseling. If you choose to opt-out, please sign below under the "Opt-Out" clause. If you choose to release your information as stipulated in the Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

**OPT-OUT: I request that HANDS make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that HANDS will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting HANDS.**

\_\_\_\_\_  
Client 1 (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client 2 (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RELEASE: I hereby authorizes HANDS to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.**

\_\_\_\_\_  
Client 1 (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client 2 (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# APPOINTMENT PREFERENCE SHEET

**Please pick a preferred day of the week:**

- Monday
- Tuesday
- Wednesday
- Thursday
- Any of the above days
- None of the above days work for me; I prefer \_\_\_\_\_  
*Please note the counselor may not be able to work with this time you prefer and may delay getting your appointment scheduled.*

**Please pick a time you prefer for your appointment:** (Note the appointment will probably be at least 1 hour to 2 hours long)

**Times listed below are CST**

- 9:00 am
- 10:00 am
- 11:00 am
- 1:00 pm
- 2:00 pm
- 3:00 pm
- Any above times
- None of these times work for me; I prefer this time \_\_\_\_\_  
*Please note the counselor may not be able to work with this time you prefer and may delay getting your appointment scheduled.*

**I prefer to be contacted by the following to schedule my appointment:**

- Phone
- Email
- Mail